U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 10947	2 Fiscal Year Covered From  1
3 Name and address of person filing Name Thomas A Mastel	4 Name file number and address of labor organization  Name Plumbers Local #15 Minn Bapolis  Labor Organization File Number 007489
Street 5956 Holiday Road  City MHKa  State M 1 1 2IP Code + 4 55345	PO Box Building and Room Number if any  Street 708 So 10th St.  City Minn Eapolis  State Mn ZIP Code + 4 55404
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

		derived income or other economic benefit of ion represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)		7 a Nature of Interest Transaction or Income	
Name		<b>M</b> . —	
Trade Name If any		None	
P O Box Bidg Room No If any			
		7 b Amount.	
Street			
Cıty		0	
State	ZIP Code + 4		

## Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)				
Signed	Thomas	a. Mastel	On 3/30/06	952 - 934 - 43 09 Telephone Number

C Received from any employer (o or from any labor relations consultant t		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)		14 a Nature of payment
Name		
Trade Name If any		
PO Box Bidg Room No If any		
Street		
City		
State	ZIP Code + 4	
13 b Is the Business an Employer	or Consultant ?	14 b Amount of payment